

School Name:

ID Number:

School Children

General

1	Name	
2	Class	
3	Roll number	
4	Age	years
5	Month of your birthday	month
6	Gender	1. <input type="checkbox"/> Girl 2. <input type="checkbox"/> Boy
7	Main language spoken at home	1. <input type="checkbox"/> Nepali 2. <input type="checkbox"/> Tamang 3. <input type="checkbox"/> Newari 4. <input type="checkbox"/> Other
8	Did you have a meal before coming to school today?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
9	Of all children in this room, with whom do you play most?	_____ name
10	Of all children in this room, who do you think is the most popular?	_____ name

Taste of Vegetables

How do you like the taste of these vegetables?
(Tick only one per row)



Like it
a lot



Like it



Neutral



Don't
like it



Don't
know it

1



2



3



4



5



6



7



	Like it a lot	Like it	Neutral	Don't like it	Don't know it
1					
2					
3					
4					
5					
6					
7					



Like it a lot

Like it

Neutral

Don't like it

Don't know it

8



9



10



11



12



13



14



15



	Like it a lot	Like it	Neutral	Don't like it	Don't know it
8					
9					
10					
11					
12					
13					
14					
15					

Snack Choices

From among the three choices in each row, which is the one you like most to eat as a snack?
(Tick one option per row)

1







2







3







4



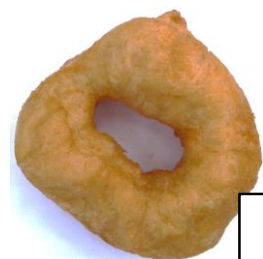




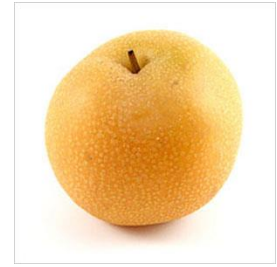
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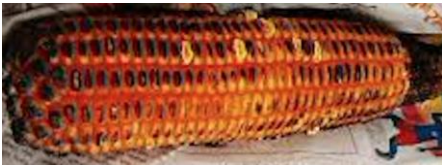




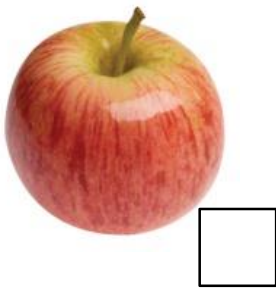
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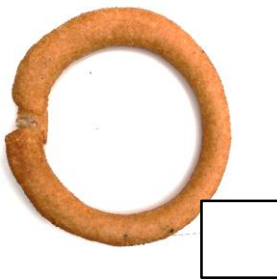
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8



9

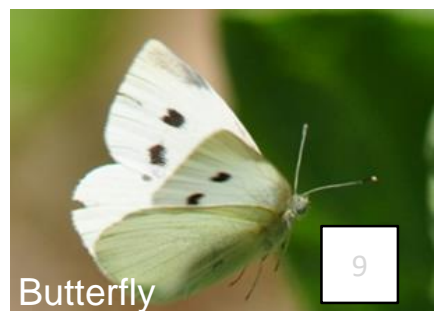
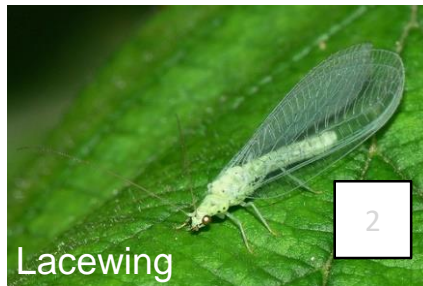


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Insects

Some of the insects shown here are good for plants while others do damage. Tick all insects that do damage.



Food and Nutrition

Answer these questions to the best of your ability.

Tick only 1 answer per question.

1	Which food is good for your eyes?	1. <input type="checkbox"/> Cucumbers 2. <input type="checkbox"/> Beans 3. <input type="checkbox"/> Carrots 4. <input type="checkbox"/> Chicken meat
2	Which food makes your bones strong?	1. <input type="checkbox"/> Cauliflower 2. <input type="checkbox"/> Milk 3. <input type="checkbox"/> Amaranthus 4. <input type="checkbox"/> Eggplant
3	Which food is very high in salt?	1. <input type="checkbox"/> Wai Wai noodles 2. <input type="checkbox"/> Roti 3. <input type="checkbox"/> Sell roti 4. <input type="checkbox"/> Bread
4	Which drink makes your teeth strong?	1. <input type="checkbox"/> Coca Cola 2. <input type="checkbox"/> Fanta 3. <input type="checkbox"/> Milk 4. <input type="checkbox"/> Water
5	Which food is the most unhealthy if you eat it often?	1. <input type="checkbox"/> Rice 2. <input type="checkbox"/> Bread 3. <input type="checkbox"/> Eggs 4. <input type="checkbox"/> Wai Wai noodles
6	Which food makes your muscles strong?	1. <input type="checkbox"/> Meat 2. <input type="checkbox"/> Tomatoes 3. <input type="checkbox"/> Milk 4. <input type="checkbox"/> Onions
7	Which condiment is unhealthy if you eat it too much?	1. <input type="checkbox"/> Cumin 2. <input type="checkbox"/> Salt 3. <input type="checkbox"/> Ginger 4. <input type="checkbox"/> Garlic

8	Which food is not part of a healthy diet?	1. <input type="checkbox"/> Vegetables 2. <input type="checkbox"/> Carbonated drinks 3. <input type="checkbox"/> Meat 4. <input type="checkbox"/> Fruit
9	Which of these is <u>not</u> a name of a nutrient?	1. <input type="checkbox"/> Fat 2. <input type="checkbox"/> Carbohydrates 3. <input type="checkbox"/> Tea 4. <input type="checkbox"/> Protein
10	Which food has lots of vitamin A?	1. <input type="checkbox"/> Green leafy vegies 2. <input type="checkbox"/> Mung bean 3. <input type="checkbox"/> Meat 4. <input type="checkbox"/> Rice
11	Eating too much of which food makes you fat?	1. <input type="checkbox"/> Guava 2. <input type="checkbox"/> Steamed rice 3. <input type="checkbox"/> Cauliflower 4. <input type="checkbox"/> Radish
12	Which food has lots of vitamin C?	1. <input type="checkbox"/> Carrots 2. <input type="checkbox"/> Chicken meat 3. <input type="checkbox"/> Lemons 4. <input type="checkbox"/> Rice
13	Which vitamin is good for your eyes?	1. <input type="checkbox"/> Vitamin A 2. <input type="checkbox"/> Vitamin B 3. <input type="checkbox"/> Vitamin C 4. <input type="checkbox"/> Vitamin D
14	Which nutrient makes your bones strong?	1. <input type="checkbox"/> Iron 2. <input type="checkbox"/> Vitamin C 3. <input type="checkbox"/> Calcium 4. <input type="checkbox"/> Protein
15	Which nutrient builds muscles?	1. <input type="checkbox"/> Iron 2. <input type="checkbox"/> Vitamin C 3. <input type="checkbox"/> Calcium 4. <input type="checkbox"/> Protein

Snacks eaten last week

List the 3 “khaja” that you have bought during the last 7 days.

1	
2	
3	

List the 3 “khaja” that your parents gave you during the last 7 days.

1	
2	
3	

Hygiene Practices

Tick only 1 answer per question.

1	During the past 30 days, how often did you wash your hands before eating?	1. <input type="checkbox"/> Never 2. <input type="checkbox"/> Sometimes 3. <input type="checkbox"/> Most of the time 4. <input type="checkbox"/> Always
2	During the past 30 days, how often did you wash your after using toilet or latrines?	1. <input type="checkbox"/> Never 2. <input type="checkbox"/> Sometimes 3. <input type="checkbox"/> Most of the time 4. <input type="checkbox"/> Always
3	During the past 30 days, how often did you use soap when washing your hands?	1. <input type="checkbox"/> Never 2. <input type="checkbox"/> Sometimes 3. <input type="checkbox"/> Most of the time 4. <input type="checkbox"/> Always
4	During the past 30 days, how often did you use toilets and latrines instead of defecating in the open?	1. <input type="checkbox"/> Never 2. <input type="checkbox"/> Sometimes 3. <input type="checkbox"/> Most of the time 4. <input type="checkbox"/> Always
5	During the past 30 days, how many times did you brush or clean your teeth per day?	1. <input type="checkbox"/> Never 2. <input type="checkbox"/> Less than 1 time per day 3. <input type="checkbox"/> Once a day 4. <input type="checkbox"/> Twice a day or more

All food eaten yesterday

Use separate logbook sheet prepared in Word

Taste of Vegetables

How do you like the taste of these vegetables?
 (Tick only one per row)



Like it
a lot



Like it



Neutral



Don't
like it



Don't
know it

1



2



3



4



5



6



7



	Like it a lot	Like it	Neutral	Don't like it	Don't know it
1					
2					
3					
4					
5					
6					
7					



Like it a lot

Like it

Neutral

Don't like it

Don't know it

8



9



10



11



12



13



14



15



	Like it a lot	Like it	Neutral	Don't like it	Don't know it
8					
9					
10					
11					
12					
13					
14					
15					

Children's Taste of Vegetables

How do you think your child likes the taste of these vegetables? (Tick only one per row)



Like it a lot



Like it



Neutral



Don't like it



Don't know it

1



--	--	--	--	--

2



--	--	--	--	--

3



--	--	--	--	--

4



--	--	--	--	--

5



--	--	--	--	--

6



--	--	--	--	--

7



--	--	--	--	--



Like it a lot

Like it

Neutral

Don't like it

Don't know it

8



9



10



11



12



13



14



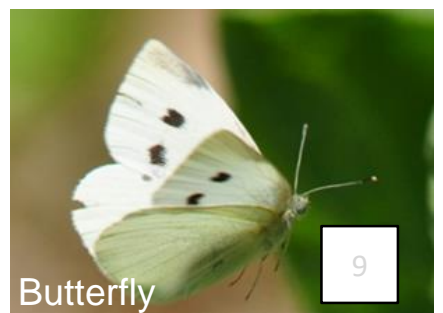
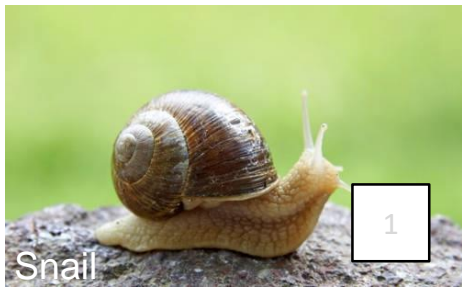
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Food and Nutrition

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15	Which nutrient builds muscles?	1. <input type="checkbox"/> Iron 2. <input type="checkbox"/> Vitamin C 3. <input type="checkbox"/> Calcium 4. <input type="checkbox"/> Protein

Snacks eaten last Week

List the 3 “khaja” that you bought or prepared for your child during the last 7 days.

1	
2	
3	